



Distribution



TO THE CHAIRMAN AND MEMBERS
OF THE

SALTBURN & MARSKE-BY-SEA URBAN DISTRICT COUNCIL

MADAM AND GENTLEMEN,

I beg to submit my Annual Report for the year 1942 which has been prepared on the lines indicated in the Ministry of Health Circular No. 2773.

The main points about the vital statistics are that both birth-rate and death-rate are above the pre-war level, while the infant mortality rate is low. The birth-rate is more than double what it was in 1933 and is now, in fact, slightly above the average rate in England and Wales. The increase in the death-rate is not so marked and may be partly owing to the increased relative proportion of older people.

The prevalence of infectious disease during the year has been light. Scarlet fever particularly has been relatively absent: only two cases were notified in the district and only 41 in the Combined Districts, less than the previous record low figure of 48 cases in 1916. The proportion of younger children who have not had scarlet fever is high and once the germ causing the disease finds other conditions suitable to its spread there seems no reason why a big epidemic should not develop. Diphtheria also has been light, with no cases in children under 15 years. Immunisation was carried out on a large number of children this year, many cases being re-immunisations of children immunised some years previously. The figures for the whole of the Combined Districts are as follows:

Children Immunised against Diphtheria.

Number immunised	Guisborough U.D.	Loftus U.D.	Redcar Borough	Saltburn & Marske U.D.	Skelton & Brotton U.D.
at end of 1941	... 737	493	2,235	1,121	1,419
during 1942	... 429	568	607	863	304
Total immunised 1935—1942	1,166	1,061	2,842	1,984	1,723

During 1942 there were immunised in the Combined Districts 1,008 children under the age of 5 years, 1,479 children between the ages of 5 and 15 years, and 284 children whose age was not recorded. 33 cases of diphtheria in children under the age of 15 years were notified; 6 of these were in immunised children and 27 in those not immunised. 4 deaths were registered as due to diphtheria, all in non-immunised children. Before immunisation was commenced in these districts diphtheria affected chiefly school children: for instance, out of the 138 cases notified in 1934, 15% were in children under the age of 5 years, 72% between the ages of 5 and 14 years, while 13% were 15 years or older. These proportions prevailed substantially to 1938, but with the large increase in the proportion of children immunised since that year there is now no undue preponderance of attack on school children, the age-distribution of the 50 cases notified in 1942 being 32% under the age of 5 years, 34% between the ages of 5 and 14, and 34% at 15 years or older. Expressed in another way, the number of cases of diphtheria under 5 years of age in 1942 was 76% of the number occurring at that age in 1934; the number of cases at 5—14 years of age in 1942 was 17% only of the number at that age in 1934; while the number in 1942 at ages 15 years and up was 95% of the figure at that age-period in 1934. One cannot assert definitely that this change of age incidence is due to immunisation, as such alterations have been known to occur before, presumably due to change in habits of the infective germ, but the suggestion of an association is very strong, particularly as, in this urban district alone, where immunisation of the children is practically complete (over 95%), there was no case at all of the disease under 15 years of age.

Another direction in which I am very glad to record an improvement is in deaths of mothers from causes connected with child-birth. In my annual report for the year 1935 I drew attention to the fact that in the Combined Districts in the five years 1931—35 the deaths of mothers from puerperal, or lying-in, fever had been at the rate of 3·3 per thousand live births, and from other puerperal causes, 5·4 per thousand live births, an alarming total of 8·7 deaths of mothers per thousand births. The corresponding figures for the whole country then were 1·8 from puerperal fever and 2·5 from other causes. Over the five years 1938—42 in the Combined Districts the rates have been : from puerperal fever, 0·4 per thousand live births and from other puerperal causes 3·5, and the figures for the year 1942 are the best recorded yet, there being no deaths from puerperal infection, and two only from other puerperal causes. For England and Wales in 1942 the rates were : puerperal infection 0·4, other causes 1·6. This great improvement is doubtless due to the increased efficiency of the midwives' service, the ante-natal and other work of the County Council, and new methods in the medical treatment of puerperal fever.

The Scabies Order made by the Minister of Health in 1941 empowered the medical officer of health, when he is satisfied that a person is in a verminous condition, to demand permission to inspect the premises occupied, and subsequently to direct the medical examination or treatment of any person he deems expedient in such premises. There were received from schools in the district in the year 1942 intimation of 8 cases of scabies. As this did not appear to indicate any undue prevalence no action was taken.

Tuberculosis is a disease which usually increases whenever war affects the general mass of a nation. In the three years 1937—39 the total of new cases in this district was 15 and of deaths 11 ; in the three years affected by this war, 1940—42, there have been 22 new cases and 9 deaths. The increase in the number of new cases did not commence until 1942 when there were 14. In my annual report last year I referred to the large proportion of cases of tuberculosis of the lungs dying in their own homes rather than in institutions. In the Combined Districts in 1942 there were 26 deaths from tuberculosis of the lungs : 23 occurred in the patients own homes and 3 (11½%) in institutions. The total number of deaths of residents from all causes was 720 and of these 151 (i.e. 21%) occurred in institutions ; 7 of these deaths were from the acute infectious diseases and 4 of these occurred in hospitals, while in the other 3 death supervened before there was time for removal.

Venereal disease is another class of disorder which becomes more prevalent in war-time, but as it is not notifiable I have no evidence of any local increase. The disease, ophthalmia neonatorum, (inflammation of the eyes in new-born babies) is sometimes (but not always) due to gonorrhœa in the mother, and one case of this disease of the eyes was notified in 1942. By agreement with the County Medical Officer posters calling attention to the dangers of venereal disease and to the facilities arranged by the County Council for its efficient treatment have been put up in public places.

I am, Madam and Gentlemen,
Your obedient servant,

C. R. GIBSON,
Medical Officer of Health.

Guisborough,
16th August, 1943.

Vital Statistics for 1942.

	1942.		1941.	1940.	1939.
Number of Births	113	110	74
Number of Deaths	95	117	96
Infant Mortality Rate	44	44	79

Notifications received in 1942 : Scarlet fever, 2 ; diphtheria, 2 ; cerebro-spinal fever, 1 ; erysipelas, 1 ; pneumonia, 15 ; measles, 10 ; whooping-cough, 8 ; ophthalmia neonatorum, 1. Tuberculosis (new cases) in 1942 : 6 pulmonary ; 8 non-pulmonary.